

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

02-06

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42-CFR 447.201

42-CFR 442.10

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 2.1 million

b. FFY 2003 \$ 6.3 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

See Attached

10. SUBJECT OF AMENDMENT:

Nursing Facility Methods & Standards for Establishing Payment Rates

Standards for Payment for Nursing Facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Janet Schalansky is the Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Janet Schalansky, Secretary

KS. Dept. Of Social & Rehabilitation Services

DSOB 6th Floor

915 SW Harrison

Topeka KS 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

08/22/02

18. DATE APPROVED:

12/13/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Brown Dennis Smith

21. TYPED NAME:

Charlene Brown

22. TITLE:

Deputy Director

23. REMARKS:

SPA Control

Date Submitted 8/21/02

Date Received 8/22/02

KANSAS MEDICAID STATE PLAN

Form HCFA-179
State Plan TN-MS-02-06
Attachment 4.19C Part I,
Attachment 4.19D Part I,
And Attachment 4.24

Number of Plan Section:

Number of Superseded Plan Section:

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and 8,